

Bulletin on Current Literature

THE NATIONAL SOCIETY

for
CRIPPLED CHILDREN and Adults, Inc.

the Easter Seal Agency

11 SO. LA SALLE ST., CHICAGO 3, ILL.
LAWRENCE J. LINCK, Executive Director

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One Dollar a Year

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ACCIDENTS—STATISTICS

744. National Safety Council.

Accident facts, 1950 edition. Chicago, The Council, 1950. 96 p.

Available from the National Safety Council, 425 N. Michigan Ave., Chicago 11, Ill., at 60¢ each.

ACCIDENTS (INDUSTRIAL)

745. Wolff, Ernest.

Accident proneness, a serious industrial problem. Industrial Medicine and Surgery. Sept. 1950. 19:9:419-422.

An intensive analysis of 14,823 accidents reported in 1948 in a manufacturing plant of 5,000 workers showed the following: The service departments had a slightly higher accident rate than the production departments; accidents occurred equally throughout the day; there was a 25% increase during the hot months of July and August; 297 employees, or 5.7% had 10 or more injuries, over half of whom worked in the service departments; of the 297 accident-frequent employees 63% were under 30 years of age and 88% less than 50 years of age; 36.8% of the 297 had 1 year of service or less, and 61% of 2 years of service or less; of the 297 accident-prone workers 64.6% showed definite evidence of unstable personalities, mental immaturity or emotional maladjustment; few of the 297 had physical disabilities; 35.5% of the 297 were either single, divorced or widowed.

The author urges that greater care be taken to discover accident-prone workers before they are hired and to develop safety programs to reduce the over-all accident rate, including closer supervision of employees showing higher accident frequencies.

AMPUTATION—MEDICAL TREATMENT

746. Kolb, Lawrence C.

Psychiatric aspects of treatment of the painful phantom leg. Proceedings, Staff Meetings of the Mayo Clinic. Aug. 2, 1950. 25:16:467-471.

"This report indicates the need for recognizing the underlying psychopathologic problems of patients with the painful phantom in order to advise proper treatment. If the symptom is representative of a psychoneurotic conflict, psychotherapy alone may be effective in relieving the symptom. If the symptom represents a facet in a psychotic depressive reaction, electroshock therapy may be indicated. Prefrontal lobotomy with its attendant postoperative deficit in social adjustment is the method of choice for those patients with symptoms refractory to treatment by the previous methods."

A Monthly Bibliography for Workers with the Handicapped

Compiled by the Library of the National Society for Crippled Children and Adults. The publications listed in this issue have been added to the loan collection of the library. Prices and addresses are given when known, so that orders may be sent directly to the publishers. The library does not stock copies for sale. The loan service of the library is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

APHASIA

747. Teitelbaum, Ida.

Communication for the paralyzed. Nursing World. Aug., 1950. 124:8:371.

"A new system or method was devised by which stroke victims affected by 'complete' aphasia, also daily accident victims and hospitalized aphasic veterans, can communicate with those around them, thus making their wishes and basic needs known by hand-signs, using only one hand, that are simple and easily demonstrated. A chart showing the conventional hand signs is included in the article.

See also 800.

ARTHRITIS—PHYSICAL THERAPY

748. Erickson, Donald J.

Physical medicine for the home-bound arthritic. Brit. J. of Physical Medicine. Sept., 1950. 13:9:193-197.

The home treatment program for patients with certain chronic rheumatic conditions as developed and supervised by the Section on Physical Medicine in the Mayo Clinic, Rochester, Minnesota, is described.

BLIND—EMPLOYMENT

749. U. S. Office of Vocational Rehabilitation.

Instructional guide for use in vocational schools providing training for blind persons, by J. Hiram Chappell. (Washington) The Office (1950). 45 p., illus. (Rehabilitation service series no. 110).

"This manual provides definite assistance to teachers in the shops in the best method of training blind students in the use and manipulation of both hand and power tools as well as informing them of methods used by blind persons in achieving their objectives."

Distributed by the Office of Vocational Rehabilitation, Washington 25, D. C.

BLIND—ETIOLOGY

750. Great Britain. Medical Research Council.

The causes of blindness in England and Wales, by Arnold Sorsby. London, H. M. Stat. Off., 1950. 42 p., illus. (Memorandum no. 24).

A report of a survey based on nearly 20,000 certificates of blindness analyzing the causes, degree, and qualities of affliction. The decline in incidence during the past century is shown. 40 tables.

Available from British Information Services, 30 Rockefeller Plaza, New York 20, N.Y., at 40¢ a copy.

BRAIN INJURIES

751. Belnap, W. Dean (and others)

Cerebral birth injury in retrospect, by W. Dean Belnap, Charles F. McKhann and Claude S. Beck. J. of Pediatrics. Sept., 1950. 37:3:326-340.

"As surgical and medical procedures come under evaluation in therapy of children with mental retardation, convulsive disorders, cerebral spasticity and behavior problems, the selection of patients for various types of treatment may depend on the etiology of the child's condition...We have reviewed a series of cases, seeking to determine the incidence of birth injuries as a cause of late cerebral disorders. The evidence suggests that birth injuries may be a major factor in their causation. Studied in retrospect, the evidence does not distinguish between cerebral birth injuries due to anoxia and those due to direct trauma..."

BRAIN INJURIES—ETIOLOGY

752. Keith, Haddow M.

Neurologic lesions in the newly born infant: Pt. I. Preliminary study. Pt. II. Role of prolonged labor, asphyxia and delayed respiration, by Haddow M. Keith and Mildred A. Norval. Pediatrics. Aug., 1950. 6:2:229-243.

BRAIN INJURIES—ETIOLOGY (continued)

"A survey was made to determine the relationship of prolonged labor, asphyxia and delayed respiration of the occurrence of trauma, and thereby, neurologic lesions of the infant. As might be expected, prolonged labor seemed to increase the risk of intracranial injury and death of the infant. However if the infant survived, there was little or no abnormality in subsequent development and no increase in neurologic disturbances, at least during the first few years of life. More children had convulsive disorders in the 'normal' or control group than in the group of those subjected to prolonged delivery. The same held true among infants who were asphyxiated...Anoxia caused by delay in respiration did not have a serious prognosis in those infants who survived the neonatal period. Even a delay of 11 to 15 minutes, while fatal in 2 instances, did not appear to cause any abnormality, at least during the first four years of life, in the infants who survived."

BRAIN TUMORS

753. Berglund, George A.

Metastatic tumors involving the central nervous system, by George A. Berglund and John Raaf. Western J. of Surgery, Obstetrics and Gynecology. Aug., 1950. 58:8:395-401. Reprint.

"In our series, 36 (7.3 per cent) of 494 patients with intracranial neoplasms were found to have metastatic tumors. Twenty-four (35.3 per cent) of 68 patients with spinal cord and cauda equina tumors had metastatic tumors. Lung, breast, and kidney were the three most common primary sites for metastatic tumor to the brain and spinal cord. Metastatic tumor had no predilection for any particular area in the brain. In our series, spinal metastatic tumors occurred most frequently in the mid-dorsal area. The ratio of male to female patients was approximately three to two so far as intracranial metastatic tumors were concerned, while the sexes were about equally affected with spinal metastatic tumors. In many cases, it is impossible to differentiate clinically between a metastatic neoplasm and one primary in the intracranial cavity."

CEREBRAL PALSY

754. Fay, Temple.

Cerebral palsy; medical considerations and classifications. Am. J. Psychiatry. Sept., 1950. 107:3:180-183. Reprint.

A general review of what cerebral palsy is and the medical treatment involved. The need for diagnostic screening centers is discussed.

755. Wolfe, William G.

A comprehensive evaluation of fifty cases of cerebral palsy. J. of Speech and Hearing Disorders. Sept., 1950. 15:3:234-251.

Based on a Ph. D. thesis, State University of Iowa, 1947.

A group of 50 cerebral palsied children, 5 to 20 years of age, were examined in order to define an adequate program for cerebral palsy. Individual studies were made from the standpoint of orthopedics, pediatrics, eyes, otology, neurology, psychology and speech. As a result of these evaluations, definite recommendations were made, namely: 1) Establishment of cerebral palsy clinics; 2) establishment of publicly supported hospital-school facilities for the 16% who need special care and education; 3) provision for special orthopedic classes in public schools for the 38% needing such special attention; 4) further study of the special facilities needed by the 26% who are uneducable; 5) establishment of a thorough parent education program and home physical therapy for the 70% and home speech training for the 10% needing such therapy in the home.

CEREBRAL PALSY--PARENT EDUCATION

756. Bice, Harry V.

Fathers participate in counseling series. Cerebral Palsy Rev. Sept., 1950. 11:9:8-11, 13-14, 16.

The Crippled Children's Commission of New Jersey, after instituting a class for mothers of cerebral palsied children, found it advisable to have a class for the fathers. The groups did not meet together although some fathers did attend the mothers' sessions. Part of the incentive for starting a class for the fathers came from the stories and comments of the mothers who thought their husbands were not realistic, not understanding and not cooperative. The fathers in this first group proved that the two groups expressed the thoughts along lines which did not converge and the fathers were inclined to be more objective than the mothers. The counselor believes there should be individual discussion of problems with both parents of a cerebral palsied child.

CEREBRAL PALSY--SPECIAL EDUCATION

See 804.

CEREBRAL PALSY--SPEECH CORRECTION

See 801.

CHILD WELFARE--EUROPE

See 799.

CHILDREN--GROWTH AND DEVELOPMENT

757. Hymes, James L.

Three to six; your child starts school. New York, Public Affairs Committee, c1950. 32 p., illus. (Public Affairs Pamphlet no. 163)

This booklet is a guide for parents with a child who is going to nursery school, kindergarten, or first grade for the first time. The problems to be avoided or faced are discussed.

Available from Public Affairs Pamphlets, 22 E. 38th St., New York 16, N.Y., at 20¢ a copy.

758. Richmond, Julius B.

The role of the physical therapist in the total care of the child. Physical Therapy Rev. Sept., 1950. 30:9:371-374.

A paper by the Professor of Pediatrics, University of Illinois College of Medicine, Chicago, Ill., read at the annual conference of the American Physical Therapy Association, Cleveland, June 1950, in which is stressed the need of therapists to understand the physical, physiological and emotional growth patterns of childhood. Total care of the handicapped child calls for close teamwork by the physicians, nurses, nutritionists, social workers, psychologists, psychiatrists, educators, and other professional personnel.

See also 791.

CLEFT PALATE--MEDICAL TREATMENT

759. Coursin, David Baird.

Treatment of the patient with cleft palate; present day concepts of a pediatric responsibility. Am. J. of Diseases of Children. Sept., 1950. 80:3:442-453.

"Patients with problems of cleft palate and cleft lip are best managed by clinic groups, correlating the efforts of physicians, surgeons, dentists, orthodontists, speech therapists and psychologists. The cleft lip presents a plastic surgical problem that lends itself best for closure when the infant is 3 to 4 months of age. The closure of the cleft palate is best approached when the child is 4 to 6 years of age, the choice of the plastic surgeon or orthodontist depending on the particular case. Good speech training and use of speech bulb appliances have been

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CLEFT PALATE--MEDICAL TREATMENT (continued)

found to give uniformly the best results in this phase. Psychologic adjustment of the family and the patient is most essential..."

760. Graber, T. M.

Changing philosophies in cleft palate management. J. of Pediatrics. Sept., 1950. 37:3:400-415.

Reviews the therapeutic techniques of the past and discusses in detail the aims and corrective procedures of today.

"This article is taken from a doctoral dissertation submitted for Ph.D. requirements."

CONGENITAL DEFECT--ETIOLOGY

761. Worcester, Jane (and others).

677 congenitally malformed infants and associated gestational characteristics, by Jane Worcester, Stuart Shelton Stevenson and Robert Gerald Rice. Pediatrics. July & Aug., 1950. 6:2 & 3. 2 pts.

"During a 12 year period, 29,024 infants were born in Boston Lying-in Hospital and 677 of these were described as defective; 483 of these had valid diagnoses, giving a rate of 1.7%. Malformed infants accounted for 15.9% of the total of stillbirths and 13.2% of the total neonatal deaths. Thirty-two per cent of the malformed neonatal deaths had defects referable to the cardiovascular system and 27% had multiple deformities. Seventy-nine per cent of the malformed stillbirths had defects of the central nervous system...The age of the mother appears to be of importance in the survival of the infant but may have little significance in the etiology of congenital malformations..." Data on the health of the mother during pregnancy and other relevant etiologic factors are statistically analyzed.

DEAF

See 797.

DEAF--ETIOLOGY

See 807.

DEAF--PARENT EDUCATION

762. O'Connor, Clarence D.

Sources of help for parents. Volta Rev. Sept., 1950. 52:9:397-398, 438.

"Any child with a hearing loss of twenty decibels or more needs help. With doctors, clinics of many types, schools and other institutions, books, magazines, and films all pointing the way, the hearing handicapped child should be able to move forward steadily at a pace that more and more approaches the rate of promotion for hearing children." This article contains a list of sources of guidance for the parent of the deaf or hard-of-hearing child.

DEAF--PSYCHOLOGICAL TESTS

763. Hiskey, Marshall S.

Determining mental competence levels of children with impaired hearing. Volta Rev. Aug. & Sept., 1950. 52:8 & 9. 2 pts.

Psychological testing of the deaf presents a number of special problems not encountered in testing children who hear. The psychologist must enlist the interest and cooperation of the child by devices not necessary with a hearing child. Above all there should be a definite criteria used for the tests themselves: 1) They should be well-standardized in this group; 2) have a variety of items accepted as valid for measuring intelligence; 3) be non-verbal; 4) be attractive and stimulating; 5) short enough to avoid fatigue; 6) can be scored objectively and without too much demand for the examiner; 7) be economical enough to be within the budget of the clinic or school.

DEAF—SPEECH CORRECTION
See 808.

DEAF—SURVEYS

764. Curry, E. Thayer.

The efficiency of teacher referrals in a school hearing testing program.
J. of Speech and Hearing Disorders. Sept., 1950. 15:3:211-214.

"The purpose of this report has been to estimate the efficiency of a group of classroom teachers in two counties in central Illinois in their ability to choose from familiar pupils those who had a hearing loss of 30 db or more in one or more frequencies in either ear. The efficiency of teachers in this ability has been compared with the 12.8% found to be the incidence rate in other grades of the same school system. It was found that the teachers were referring for special hearing tests only 7.4%...On the basis of this particular survey, the system of asking for teacher referrals did not prove to be a very efficient means of securing a sufficiently large portion of the expected number of individuals to be referred for examination to their family physicians. On the basis of these findings, the conclusion appears to be warranted that the identification of hard of hearing children should be done by audiometric examination and not be a system of teacher referrals."

EMPLOYMENT (INDUSTRIAL)—PLACEMENT

765. Burnell, Max R.

Selective placement in industry. Industrial Medicine and Surgery. Sept., 1950. 19:9:399-400.

The physician in charge of the selective placement in industry must know the physical requirements for a specific job and the applicant's limitations. The success of the program depends on his using effectively the "physical demands analysis" sheet and working with the superintendent, never losing track of the physiological factors in placing some applicants.

Presented in a panel discussion at a medical conference, General Motors Corporation, April 24, 1950, La Grange, Illinois.

766. Employment Security Rev. Sept., 1950. 17:9.

Title of issue: A decade of selective placement.

Contents:—Decade of progress points the way to a year-round program, by Charles O. Odell and Elmer Jebo.—Year-round interest in the handicapped, by K. Vernon Banta.—Fitting the service to the individual, by Ann Lehman.—A manager's view of selective placement.—Contents and awards stimulate greater interest in behalf of veterans, by Marshall C. Miller.—How to equalize job opportunities for disabled veterans, by Millard W. Rice.—Handicapped make good on farms, by Philip S. Brown.—We help employers hire the handicapped.

HANDICAPPED—EQUIPMENT

767. New York. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation.

Self-help devices for rehabilitation. New York, The Institute, 1950. n.p., illus.

An illustrated manual of devices and gadgets so that handicapped persons may obtain greater independence, efficiency, or comfort.

A report of a study made at the Institute under a grant from the National Foundation for Infantile Paralysis for the purpose of disseminating knowledge to hospitals, physicians, and patients.

Distributed by the Institute of Physical Medicine and Rehabilitation, 325 E. 38th St., New York 16, N.Y.

HEAD INJURIES—HISTORY

768. Courville, Cyril B.

Cranial injuries in prehistoric man, with particular references to the Neanderthals. Bul., Los Angeles Neurological Society. Mar., 1950. 15:1:1-21. Reprint.

HEAD INJURIES--HISTORY (continued)

"Most important of the many possible deductions from this study is that Neanderthal man was foremost in his assaults on his fellow men (presumably with cannibalistic intent). Many of his representatives died young on this account, few of them lived past middle age. It is furthermore evident that during the long centuries which have intervened since Neanderthal man stalked the forests, man has not advanced much insofar as the production of cranial injuries is concerned. Perhaps, statistically, they occur less frequently with criminal intent."

HEART DISEASE

769. Wackenhut, George R.

The cardiovascular system; what you should know about it. J. of the Am. Assn. of Health, Physical Education, Recreation. Sept., 1950. 21:7:41-42.

Next to the physician, the physical educator is most frequently consulted concerning the effect of exercise on the heart. The kinds of athletic participation by the young normal person, the middle aged, and the person with slight heart involvement are discussed. The types of heart disorders are also briefly explained.

See also 809.

HEART DISEASE (CONGENITAL)

770. American Academy of Pediatrics.

Congenital heart disease; a symposium. Pediatrics. Aug., 1950. 6:2:299-304.

Two of six papers presented at the annual meeting of the Academy, Atlantic City, Nov. 22, 1948: "Congenital heart disease from the standpoint of the pediatrician," by Stanley Gibson; and "Surgery of congenital heart disease," by Willis J. Potts.

771. Wood, Paul.

Congenital heart disease; a review of its clinical aspects in light of experience gained by means of modern techniques. Brit. Med. J. Sept. 16, 1950. 4680: 639-645.

The first of a series of two articles on congenital heart disease by the Director of the Institute of Cardiology in London. It discussed the methods of diagnosing the condition and actual findings in the 233 cases studied.

HEREDITY

772. Pfeiffer, John.

Genetics, the science of heredity. (New York, Public Affairs Committee, c1950) 32 p., illus. (Public Affairs Pamphlet, no. 165)

This pamphlet in simple terms briefly explains the laws of heredity, describing Mendel's experiment in terms of its significance on plant, human and other animal life. The Rh factor and inheritable diseases are briefly discussed.

Available from Public Affairs Pamphlets, 22 E. 38th Street, New York 16, N.Y., at 20¢ a copy.

HOSPITALS--ADMINISTRATION

773. Abramson, Judith.

Bellevue Hospital's home care transfer program. Public Health Nursing. Sept., 1950. 42:9:513-519.

In 1948, a program of home care for discharged hospital patients was instituted in five of the New York City's hospitals under the Department of Hospitals; since then the program has been extended to include eleven more city hospitals. The object is to send home those patients who can be cared for there by a visiting team of social workers, doctors, visiting nurses, occupational therapists and physical therapists. Patients who can be sent home show a better mental attitude toward their condition and free hospital beds for the acutely ill. Moreover, the expense of caring for the patients at home is lower than that care in the hospital.

HYDROCEPHALUS—MEDICAL TREATMENT

774. Dodge, H. W. (and others)

Arrested hydrocephalus; report of case, by H. W. Dodge, Hendrik Svien and James W. Dushane. Proceedings, Staff Meetings of the Mayo Clinic. Aug. 30, 1950. 25:18:518-522.

A brief review of the treatment of hydrocephalus and an encouraging report of an arrested case, that of an eight year old girl with low normal mentality who has made an astoundingly good social adjustment.

HYDROTHERAPY

775. Menzies, W.

Hydrotherapy: its importance in the treatment of poliomyelitis. Physiotherapy. Sept., 1950. 36:9:179-184.

This article gives instruction for the use of hydrotherapy with poliomyelitis patients, explaining means of transportation to the pool, support while in the water and the treatment to be given. The author stresses the psychological value of hydrotherapy, explaining that the period in the pool is the only time when the average patient can move independently and that it is a period of enjoyment as well as of therapeutics.

MENTAL DEFECTIVES—PARENT EDUCATION

776. Boyd, Daniel H.

A faith for parents of mentally retarded children. Welfare Reporter, N.J. Dept. Institutions and Agencies, Sept., 1950. 5:5:14-15.

The author, who is the father of a Mongoloid daughter, has learned there are three stages in meeting the problem: pity and shame for oneself, a desire to help one's own child and, finally, a desire to help all mentally retarded children. When parents who have reached the third stage come together to form parents groups, much can be accomplished to help the child who is mentally retarded.

See also 810.

MENTAL DEFECTIVES—PROGRAMS—CONNECTICUT

777. Connecticut. Social Adjustment Commission, Hartford.

Counselling for the mentally retarded. Hartford, The Commission, 1950. 10 p.

A report for 1949-50 of the activities of the Social Adjustment Commission of the City of Hartford, Connecticut, in their work of guiding and supervising the mentally limited young people of the city. According to their records there are, in Hartford, more than 500 adolescents with I.Q.'s between 45 and 75. Of these, 210 were given service during the year—95 were assisted in obtaining employment, 109 were helped in making adjustments to their jobs, 21 were helped in their problems at home. The unmet goals of the Commission are briefly discussed.

Available from Social Adjustment Commission, 488 Main St., Hartford, Conn.

MENTAL DEFECTIVES—SPECIAL EDUCATION

778. Ohio. Division of Special Education.

Let us teach slow learning children; some suggestions for teaching slow learning children, by Amy A. Allen. (Columbus) The Div., (1950). 84 p.

"This manual is written for classroom teachers working with slow learners in the schools of Ohio." Offers practical information concerning teacher attitudes, educational goals, and the methods and subject content of the academic program.

Distributed by the Division of Special Education, State Department of Education, State Office Bldg., Columbus, Ohio.

779. Robinson, Robert.

I teach exceptional children. Today's Health. Oct., 1950. 28:10:14-15, 54-57.

MENTAL DEFECTIVES—SPECIAL EDUCATION (continued)

The author tells of the experiences of a teacher in a school for exceptional children. The emphasis is placed on the emotional, physical and educational needs of these children; many of the incidents which occurred during her teaching career are given. One feels that the teacher understands the problems of her group of children—she has succeeded in enlarging the reader's own understanding.

780. U. S. Office of Education.

Curriculum adjustments for the mentally retarded; a guide for elementary and secondary schools, rev. by Elise H. Martens; 2nd. ed. Washington, The Office, 1950. 100 p., illus. (Bulletin 1950, no. 2)

This bulletin "does not offer a curriculum ready-made, nor even part of a curriculum. Rather its purpose is to present the fundamental principles involved, to point out desirable bases for the selection of curriculum content, to suggest a variety of activities in keeping with these bases of selection, and to illustrate how such activities can be coordinated into units of experience."

Available from the U. S. Superintendent of Documents, Washington 25, D. C., at 35¢ a copy.

MULTIPLE SCLEROSIS

781. Sciarra, Daniel.

Longevity in multiple sclerosis, by Daniel Sciarra and Sidney Carter. Archives of Neurology and Psychiatry. Dec., 1949. 62:784-793. Reprint.

"The duration of life after onset of symptoms in patients with multiple sclerosis is quite variable. The reports in the literature give ten to thirteen years as the average duration of life in both clinical cases and in cases verified at autopsy. Survival for twenty to thirty years is not unusual but survival over thirty years is rare..."

"Three cases of multiple sclerosis, verified by autopsy, in which the patients lived sixty-four years, thirty-one and thirty years, respectively, are presented. In all three cases the multiple sclerosis was of the spinal form for a greater part of the course."

MULTIPLE SCLEROSIS—BIOGRAPHY

782. Benge, Jean Griffith.

I escaped a wheelchair. Today's Health. Oct., 1950. 28:10:20-21, 63-65.

"It is my hope in this article to offer firsthand testimony for the benefit of the hundreds of thousands of persons throughout the country who have multiple sclerosis, polio and other related forms of paralysis. I am happy to state that the hopeless is no longer hopeless."

MUSCLES—TESTS

783. Reynolds, Robert J. S.

Standardized positions for muscle testing. Physiotherapy. Sept., 1950. 36:9:177-179.

Standardized positions for muscle testing, devised at Queen Mary's Hospital, Carshalton, England, are described. "By using these standardized positions we have found that the number of discrepancies has been reduced considerably and that this method of testing has materially assisted towards the attainment of a true evaluation of initial muscle power, and has helped forward the improvement of muscle which results from treatment."

MUSCULAR DYSTROPHY

784. DeWind, Loren T.

Cardiovascular observations in dystrophia myotonica, by Loren T. DeWind and Richard J. Jones. J. Am. Med. Assn. Sept. 23, 1950. 144:4:299-303.

The authors review five cases of dystrophia myotonica and their reports indicate that electrocardiographic abnormalities may often occur as a part of the clinical picture. The changes do not appear to be related to any significant cardiac, physical or roentgen findings, to coronary disease or to quinine therapy.

NUTRITION

See 796.

OLD AGE--PROGRAMS--NEW YORK

785. New York. New York State Joint Legislative Committee on Problems of the Aging. Young at any age. Albany, The Committee, 1950. 192 p., charts, illus. (Legislative document (1950) no. 12)

This is the third report of the Joint Legislative Committee. The period of planning for the aged is giving place to one of action on the part of public and private health and welfare agencies. This report consists largely of individual papers by authorities on the economic, social and medical problems of the aged. The Committee's finding and recommendations are also presented.

Available from State Senator Thomas C. Desmond, Chairman, New York State Joint Legislative Committee on Problems of the Aging, 94 Broadway, Newburgh, N.Y. Free.

OSTEOCHONDRITIS

786. Pike, Maurice M.

Legg-Perthes disease; a method of conservative treatment. J. of Bone and Joint Surgery. July, 1950. 32-A:3:663-670. Reprint.

"Prolonged avoidance of weight-bearing offers the best opportunity for near-normal restoration of the bone structure of the hip in Legg-Perthes disease. Enforced recumbency is the best method on ensuring this result. This treatment may best be carried out in an institution, where schooling, physical therapy, and medical care are constantly available."

PARALYSIS AGITANS

787. Buchler, Walter.

Parkinson's disease; advice and aid for sufferers from Parkinson's disease and other physical disabilities. London, The Author (1950). 79 p.

The author, disabled by Parkinson's disease, shares his knowledge and experience and offers practical suggestions in such matters as clothing, diet, personal care, occupation and recreation.

The booklet is available from the author, 101 Leaside Crescent, London, N.W. 11, England, at \$1.00 a copy.

PHYSICAL EDUCATION

See 811.

POLIOMYELITIS--MEDICAL TREATMENT

788. Bennett, Robert L.

Care of children convalescing from poliomyelitis; discussion of several points of controversy. J. Am. Med. Assn. Sept. 30, 1950. 144:5:377-3791

"The four major points of controversy relative to convalescent care have been briefly discussed. These points are: 1) hospitalization; 2) physical therapy; 3) inactivity, activity and use of appliances, and 4) surgery."

See also 775; 783.

POLIOMYELITIS--PHYSICAL THERAPY

789. Nangle, E. J.

Poliomyelitis: the principles of treatment. Physiotherapy. Sept., 1950. 36:9:173-177.

The author divides poliomyelitis into four stages: 1) acute febrile, 2) early convalescent, 3) late convalescent or insensitive, 4) final chronic. He prescribes care for each stage, stressing the need to prevent contractures by the use of splints and braces in the last three stages.

PSYCHIATRY

790. Grayson, Morris.

The concept of "acceptance" in physical rehabilitation. Military Surgeon. Sept., 1950. 107:3:221-226.

"Acceptance is the psychological key to physical rehabilitation. The psychodynamics of acceptance involves two processes: a) Psycho-biological incorporation (the body image) and b) Social integration (the reality principle). Acceptance and rehabilitation can take place without a physician's aid but in many cases, a center of rehabilitation is necessary. A psychiatric team functions by direct psychotherapy to the patient and indirectly by education of other workers in the rehabilitation team to the individual psychological needs of the patient."

One of a series of papers to be published by a research team consisting of a psychiatrist, psychologist and psychiatric social worker, who are engaged in a study of "Psychiatric Factors in Rehabilitation." Financed by the Commonwealth Fund under the auspices of the Institute of Physical Medicine and Rehabilitation of New York University-Bellevue Medical Center.

See also 746.

PSYCHOLOGICAL TESTS

See 812.

PSYCHOLOGY—BIBLIOGRAPHY

791. Del Solar, Charlotte.

Readings on the psychological development of infants and children, by Charlotte Del Solar and Milton J. E. Senn. (Washington) Children's Bureau, 1950. 46 p.

"This bibliography represents an overview of the field of child development with special emphasis on the emotional and social factors. Its purpose is to give professional workers—pediatricians, public health workers, nurses, social workers—a list of usable and authoritative books, pamphlets, and articles in this important field."

Distributed by the U. S. Children's Bureau, Washington 25, D. C.

REHABILITATION—SURVEYS—OHIO

792. Rusk, Howard A.

Physical medicine and rehabilitation survey of Greater Cleveland; a summary report with recommendations, by Howard A. Rusk and Eugene J. Taylor, with the assistance of Agnes C. Ball. (Cleveland, Press of Western Reserve Univ., 1950). 102 p.

At the invitation of the sponsors, Dr. Rusk and Mr. Taylor agreed to supervise the survey, evaluate its findings, and make definite recommendations. The six recommendations so made are: 1) Establishment of a Department of Physical Medicine and Rehabilitation at Western Reserve University; 2) Training opportunities in the Department for occupational and physical therapists be considered; 3) An increased budget and staff, and a more liberal policy, for services of the state Bureau of Vocational Rehabilitation; 4) Consideration in the development of improved referral methods of handicapped persons needing vocational services; 5) Closer integration of services of agencies working with the blind and partially sighted children; 6) A special study be made of the problems of sheltered and homebound employment.

The work of present agencies and facilities serving the physically handicapped in the Cleveland area is described.

The Report is available from Western Reserve University, 2035 Adelbert Road, Cleveland 6, Ohio, at \$1.00 a copy.

REHABILITATION—SURVEYS—PENNSYLVANIA

793. Pennsylvania. Health and Welfare Council, Philadelphia.

A community plan for rehabilitation in the tri-county area of Delaware, Montgomery and Philadelphia counties. Philadelphia, The Council, 1950. 52 p. Mimeo.

REHABILITATION—SURVEYS—PENNSYLVANIA (continued)

As a result of a survey conducted in this tri-county area, specific recommendations were made to increase the services to the handicapped. While many of the voluntary agencies were doing praiseworthy work, their scope is limited because of inadequate funds. The recommendations deal mainly with the expansion of present facilities, the formation of a Committee on Rehabilitation, the establishment of a Convalescent Rehabilitation Center, and the recruitment of trained personnel. Miss Clare S. Spackman was the director of the Survey.

The report is distributed by Family and Health Divisions, Health and Welfare Council, Inc., 311 S. Juniper, Philadelphia 7, Pa.

RH FACTOR

794. Wolf, A. M. (and others)

Clinical study of prevention of erythroblastosis with Rh hapten, by A. M. Wolf (and others). J. Am. Med. Assn. Sept. 9, 1950. 144:2:88-92.

"Rh hapten prepared according to the methods of Carter is not of clinical value in altering the fetal prognosis. An occasional good result may be anticipated because of the variability of the disease. It is probable that the Carter extracts are hapten in character, although of exceedingly low potency. No Rh-sensitized woman should be encouraged to conceive in the hope that hapten therapy will alter the prognosis for the child."

RHEUMATIC FEVER—MEDICAL TREATMENT

795. Braithwaite, J. Vernon.

Rheumatism in childhood. Brit. J. of Physical Medicine. Sept., 1950. 13:9: 197-201.

"1) The rheumatic child is one who responds to certain infections by the development either of a wandering type of arthritis or chorea and who will suffer from carditis if the attacks are severe or repeated. 2) There is no specific rheumatic diathesis, but the rheumatic child is nervously unstable. 3) Rest is of paramount importance in the treatment of the acute attack, as is the avoidance of invalidism between attacks."

RHEUMATIC FEVER—PREVENTION

796. Coburn, Alvin F.

Problems in the prevention of rheumatic fever by a reinforced diet. J. of Am. Dietetic Assn. May, 1950. 26:5:345-350. Reprint.

A stimulating, technical analysis of the possible relation of nutrition to the mechanism of rheumatic fever. The purpose of the writer, Director of the Rheumatic Fever Institute of the Medical School at Northwestern University, is "to provoke deeper thinking on the interrelations of diet, activity of endocrine glands, and the development of sensitization."

SCHOOL HYGIENE

797. The Child. Aug.-Sept., 1950. 15:1

Title of issue: School health.

Contents:—Better health for school-age children, by Leona Baumgartner.—What health services do school-age children need?, by Thomas E. Schaffer.—Schools are a fertile field for mental-health efforts, by Benjamin M. Spock.—To help the child with a speech defect, by Wendell Johnson.—We study testing of children's eyesight, by Marian M. Crane.—So that children may hear better, by William G. Hardy and Miriam D. Pauls.—Encouraging good food habits in school-age children, by E. Neige Todhunter.—A pediatric clinic serves children of school age, by Helen M. Belnap.—Adolescents have special health problems, by J. Roswell Gallagher.—Teamwork for better health programs in schools, by H. F. Kilander.—Arkansas works to improve its school children's health, by Jeff Ferris.—What about the school-age child who is employed, by Elizabeth S. Johnson.

SCHOOL HYGIENE (continued)

798. U. S. Federal Security Agency.

Priorities in health services for children of school age; recommendations by a special committee appointed by the Federal Security Agency. Washington, The Agency (1950). 24 p.

The report of a special interagency committee composed of two members each from the Public Health Service, the Office of Education, and the Children's Bureau. The report "is entirely a preliminary exploration in an area of health services for school age children which has not previously been adequately explored. This is not a comprehensive statement of health programs for children of school age."

Partial contents: Categories of resources and programs to be analyzed.-Priorities in over-all program.-Priorities connected with care and follow through of specific diseases.

Available from the U. S. Federal Security Agency, Washington 25, D. C. Free.

SPECIAL EDUCATION—EUROPE

799. Brosse, Therese.

War-handicapped children; report on the European situation. (Paris, U.N. Educational, Scientific and Cultural Organization, 1950) 142 p. (UNESCO Pub. no. 439)

"At the Second Session of the General Conference held in Mexico City in November 1947, Unesco was made responsible for the survey with which the present report deals. The resolution defining it runs as follows:...The Director-General is instructed: To draw up a plan of study and action on the educational problems of war-handicapped children, in collaboration with the national and international organizations concerned; to obtain from experts in different countries information and factual reports, and to institute a field survey of the most significant experiments made in that connection; to analyse the documents and draft a report."

Types of children surveyed include displaced children, orphans and homeless children, children deprived of schooling, and children with physical, emotional, and ideological handicaps.

Available from Columbia University Press, 2960 Broadway, New York 27, N.Y. at 50¢ each.

SPEECH CORRECTION

800. Goldenberg, Samuel.

An exploratory study of some aspects of idiopathic language retardation. J. of Speech and Hearing Disorders. Sept., 1950. 15:3:221-233.

"The general backgrounds of the concepts of congenital aphasia and idiopathic language retardation including symptomology and etiology, have been reviewed briefly. Attention was given to certain diagnostic difficulties and methods, especially with reference to psychological examination. It was emphasized that comprehensive research is needed, with close cooperation between the various specialties involved. An exploratory study interested primarily in the general intellectual and perceptual-motor characteristics of a group of children tentatively diagnosed as idiopathic language retardation revealed wide differences between them as to intelligence, perceptual motor functioning and hearing acuity."

801. Peacher, William G.

The etiology and differential diagnosis of dysarthria. J. of Speech and Hearing Disorders. Sept., 1950. 15:3:252-265.

"A holistic approach to the study of motor disorders of speech, both central and peripheral, has been stressed. The incidence of motor speech defects due to organic factors is probably higher than previously estimated. The etiological factors commonly producing dysarthria have been presented. The term dysarthria as such is a misnomer when applied to central nervous system disorders. Due to close association of pathways in the central nervous system, motor defects of speech excluding the dysphasias and dyspraxias, are commonly associated with basic disturbance in the peripheral speech apparatus including articulation, resonation, phonation, respiration and rhythm. Although one defect frequently predominates, all are usually present in varying degrees."

SPEECH CORRECTION (continued)

See also 797.

SPLINTS

802. Hoberman, Morton.

A simple splint with knee cap as an aid in pre-crutch training, by Morton Hoberman and Erbert F. Cicienia. Physical Therapy Rev. Sept., 1950. 30:9:378-383.

"A simple, easily constructed, readily obtainable splint with knee cap has been described. Its uses, advantages and disadvantages have been discussed briefly. Illustrative cases for utilization of the splint have been given."

STUTTERING

803. Villarreal, Jesse J.

Two aspects of stuttering therapy. J. of Speech and Hearing Disorders. Sept., 1950. 15:3:215-220.

"An analysis of the total problem of stuttering into sub-problems of defect and handicap has been presented. This analysis provides the therapist with a convenient clinical instrument for clarifying to himself and to the stuttering subject two related but distinct aims of stuttering therapy. The analysis presented here represents no new attack upon the problem of stuttering therapy, but a useful aid when combined with methods already given wide acceptance in current clinical practice."

VOCATIONAL GUIDANCE

804. Whitehouse, Frederick A.

Should a c.p. go to college? Cerebral Palsy Rev. Sept., 1950. 11:9:4-5, 16-17.

Probably no group of handicapped persons needs more counseling before undertaking a college career than the c.p. He must learn to face realistically his problems and limitations. College should be the place where he learns to face life independently and prepares for life. If he can not take notes, recite in class or make reports, he is not ready for college. A well-trained vocational counselor familiar with cerebral palsy should advise and direct him and his parents in choosing a college and a vocation.

VOCATIONAL REHABILITATION--BRAZIL

805. Power, F. Ray.

Study of vocational rehabilitation in Brazil. Charleston, West Virginia Div. of Vocational Rehabilitation, 1950. 28 p. Mimeo.

The author visited Brazil to study vocational rehabilitation there and to give advice to interested Brazilians. He found little or no government activity in the field and little knowledge of the economic value of vocational rehabilitation. In private agencies much effective work is being done by staffs of devoted and interested professional workers but their facilities are limited and do not reach the lowest paid groups or those needing aid among rural dwellers.

Available from Mr. F. Ray Power, Director, W. Va. Division of Vocational Rehabilitation, Capital City Bldg., Charleston 1, W. Va.

VOLUNTEER WORKERS

806. Scholl, Robert.

Volunteers - seal sale and year-round. Bul., Nat'l Tuberculosis Assn. Sept., 1950. 36:8:2-3.

"The volunteer is an important link between the organization and the community and properly informed volunteers can be invaluable in interpreting the association's program to the man in the street."

DEAF-
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NEW BOOKS IN THE LOAN LIBRARY

DEAF—ETIOLOGY

807. Massachusetts. The Clarke School for the Deaf.

Clarke School studies concerning the heredity of deafness: Monograph I, pedigree data 1930-1940, by Louise A. Hopkins and Ruth P. Guilder. Northampton, Mass., The School, 1949. 162 p.

"This monograph is the first of what is hoped will be a series of reports on the study of the inheritance of deafness which has been carried on at the Clarke School for the Deaf for nearly twenty years. It consists of a brief outline of the problems of deafness in its otological and genetic aspects and presents all of the relevant pedigree information and all of the available diagnostic and other evidence regarding the nature of the deafness of all pupils at the Clarke School between 1930 and 1940. Included with the pedigree data are condensed histories and audiogram records of all relatives of the deaf pupils about whom information could be obtained."

DEAF—SPEECH CORRECTION

808. Utley, Jean.

What's its name? A guide to speech and hearing development. Urbana, Illinois, Univ. of Illinois Press, 1950. 172 p., illus. Spiral binding. \$2.00.

A picture workbook designed to aid parents in developing speech and hearing in the hearing-handicapped child of preschool age. The simply written text serves as a guide for the parents in using the book to provide auditory and speech training. Both child and parent should find it fascinating as well as educational.

HEART DISEASE

809. Marvin, H. M. (and others)

You and your heart; a clinic for laymen on the heart and circulation, by H. M. Marvin (and others). New York, Random House (c1950). 306 p. \$3.00.

"This book is a contribution to freedom from fear, the fear of heart disease... In simple, readable and authoritative words, the authors give you the answers you want and need to questions about the heart and its ailments. These answers, so far as medical science can supply them, cover the problems of the healthy and the sick where their hearts and blood vessels are concerned."

Contains chapters by heart specialists on the circulatory system, congenital heart defects, rheumatic fever, and diseases of the heart and blood vessels.

MENTAL DEFECTIVES—PARENT EDUCATION

810. Buck, Pearl S.

The child who never grew. New York, The John Day Co., c1950. 62 p. \$1.00.

The personal story of the well-known American author, whose daughter is mentally defective. The account of her experiences as a mother is a moving message for all parents, particularly for those with a child similarly handicapped.

Paper-bound copies are available from Parents Association, 9 W. 29th St., New York 1, N.Y., at 50¢ a copy.

PHYSICAL EDUCATION

811. Stafford, George T.

Preventive and corrective physical education; rev. ed. New York, A. S. Barnes, 1950. 312 p., illus. \$3.75.

References: p. 306-307.

A text primarily for students and physical education instructors that "builds a sound basis for a program through 1) a clear presentation of the physiology of exercise, 2) thorough coverage of the effects of disease and malformation on the body, 3) emphasis on the integration of preventative measures in the regular physical education program, and 4) a complete discussion of physical therapy."

PSYCHOLOGICAL TESTS

812. Kent, Grace H.

Mental tests in clinics for children. New York, D. Van Nostrand Co. (c1950). 180 p. \$2.45.

Bibliography: p. 165-173.

"This is intended as an auxiliary textbook for advanced students in clinical psychology, written to encourage in them a critical and experimental attitude in their use of mental tests." The author emphasizes that "most of the children referred to the clinic are exceptional in some way, and we have no standard instrument that offers the exceptional child a fair opportunity to show what he can do." The examiner should not lose sight of the individual, the development of norms might better be restricted to tests that admit of objective evaluation, and "all other tests (should be) used as instruments for individual observation, the findings to be reported qualitatively."

Contents: I. Why children are referred to the clinic.-II. The clinical examination.-III. Sources of error in use of tests.-IV. The composite scale versus the battery.-V. Language and performance tests, with and without timing.-VI. Use of unstandardized tests.-VII. The psychological report.-VIII. Criteria for construction of clinical tests.-IX. Serviceable scales and sub-tests.-X. Home manufacture of materials.

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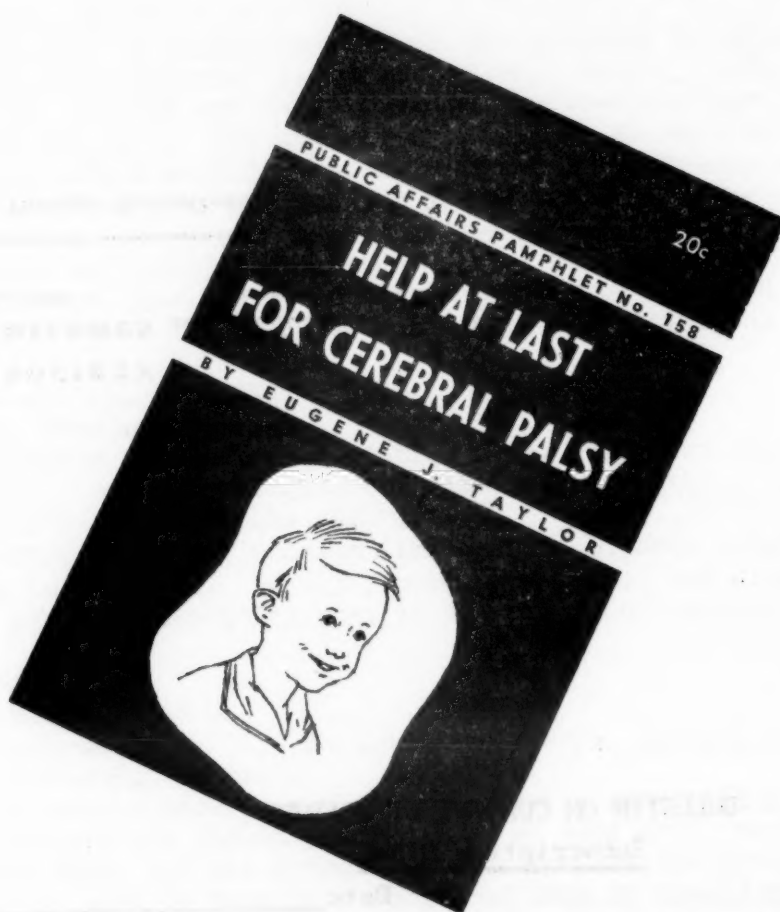
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3. DIRECT SERVICES to the handicapped, including case findings, diagnostic clinics, medical care, physical therapy, occupational therapy, speech and hearing therapy, treatment and training centers and clinics, special schools and classes, homebound teaching, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances, and equipment.

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